

HIT Policy Committee Information Exchange Workgroup

July 26, 2010

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director

Good morning, everybody, and welcome to the Information Exchange Workgroup. We're operating under the auspices of FACA, which means there will be opportunity at the end of the meeting for the public to make comment, and a reminder to the workgroup members to please identify yourselves. Let me do a quick roll call. Micky Tripathi?

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

David Lansky?

David Lansky – Pacific Business Group on Health – President & CEO

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Judy Faulkner?

Judy Faulkner – Epic Systems – Founder

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Carl Dvorak?

Carl Dvorak – Epic Systems – EVP

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Connie Delaney?

Connie Delaney – University of Minnesota School of Nursing – Dean

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Gayle Harrell?

Gayle Harrell – Florida – Former State Legislator

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Michael Klag? Deven McGraw? Latanya Sweeney? Charles Kennedy?

Charles Kennedy – WellPoint – VP for Health IT

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Paul Egerman? James Golden? Dave Goetz?

Dave Goetz – State of Tennessee – Commissioner, Dept. Finance & Admin.

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Jonah Frohlich? Steven Stack?

Steven Stack – St. Joseph Hospital East – Chair, ER Dept

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

George Hripcsak?

George Hripcsak - Dept. of Biomedical Informatics Columbia University – Chair

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Seth Foldy? Jim Beuhler? Jessica Kahn? Walter Suarez?

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

David Ross? Susan Besio?

Susan Besio – Vermont Medicaid – Director

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

George Oestreich? Melanie Bella? Donna Frescatore? Corey Mertz and I are on from ONC. I'll turn it over to Micky and David.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Good morning, everyone. Welcome to the Information Exchange Workgroup. We, meaning me, Micky Tripathi, and my cochair, David Lansky, are delighted to have you here. It's been a while since the workgroup has met, and we've done a couple of things in the time period since the last time we met. As we have described at not the most recent HIT Policy Committee meeting, but the one before, in looking at the upcoming needs of where, from a FACA perspective, the workgroup could provide the best guidance, in particular looking at what seem to be upcoming issues, as well as the overlap with other working groups.

It was our strong sense that we wanted to be able to reshape the workgroup to address some critical issues that were going to be coming up and to get some folks represented and some perspectives represented on the workgroup that weren't there before to help to start to address some of those issues.

One was public health as being a key issue going forward, and the other is Medicaid because there's a large amount of funding going through Medicaid, and Medicaid's involvement both with meaningful use, as well as with its own fairly large and advanced health IT programs sort of brings to the floor the need for coordination and understanding of how all these pieces fit together. So we welcome the new members who bring expertise in both of those areas.

Before I wanted to dive into what we're going to think about by way of agenda, I just wanted to offer David Lansky the opportunity just to welcome people.

David Lansky – Pacific Business Group on Health – President & CEO

I share Micky's welcome to everybody. I appreciate your time and contributions to the process. We're going to continue and expand a little bit. I was actually not involved with some of the previous work on this workgroup and had been cochairing the NHIN workgroup. For me, this is a great opportunity to try to tie together some of the key themes that have been part of the NHIN discussion with what's going on in the IE discussions.

Particularly, I'm interested in how we start harmonizing some of the work around governance and decision-making that's going to be working both within the state context and obviously across state and national. I think, as we talk today, and going forward, there'll be a series of issues ... Micky teed up that we'll want to look at what is our role in guiding the policy committee's thinking about harmonizing the levels of stakeholder participation, jurisdiction, and so on, as all this begins to play out. And one of my concerns has been that we not have 50 parallel processes across the whole country trying to rethink some issues where our collective thinking might be really helpful, so I really want to thank Micky for getting us together and moving this restructuring process along a little bit and, again, welcome you all to join us. Thanks.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Wanted to also offer thanks for Deven McGraw who, as you've noticed, Deven has stepped down as the cochair, and we've been fortunate enough to get David to come and fill those big shoes. Deven, I think, as a lot of you appreciate, is cochairing a large number of other workgroups, so decided that she had had her quota, but she is still going to be an active participant in the workgroup, and we welcome her. Thank you for her, everything she's done to help us to date, and welcome her going forward.

There are two broad charges, I think, as we think about the workgroup and just what I wanted to do was just cover sort of the two broad charges and a little bit of discussion of some high level thoughts on proposed priority areas and then perhaps stop and see if people have questions, comments on that, both on the charge, as well as these being sort of the first set of proposed priority areas. First, let's get into the charges. The information exchange workgroup had, at the very beginning, was focused on a broad set of things that you could put under the heading information exchange. As we started to narrow, other workgroups started to, you know, it made sense to break out certain things like the NHIN, like privacy and security. That sort of sharpened our focus more and more narrowly on meaningful use transactions. That's really where we were focused about a year ago and, extending into the fall and the winter.

And so that's one set of activities that I think we want to continue doing going forward, and there appears to be, from all the conversations we've had with ONC, a lot of interest in having us continue to play a role in providing guidance, perspective, advice on meaningful use transactions, the very specific transactions that are occurring on the ground that are required for meaningful use. What are the issues that may be sort of involved there? Where are there areas for better policy structure or better policy guidance that could help facilitate those transactions going forward? That's one set of things.

The other, which is somewhat new, but has sort of been bubbling up, as we've entered the spring and the federal 3013 program, the HIE funding program has started to ramp its way up. Is a recognized need to play some kind of conduit function with state level activities because I think, as all of us on the phone appreciate, and the experience of many, many others who have been hard up is a lot of the policy issues actually are hard to anticipate, and they start to emerge, as you start going through implementation cycles. And so I think there's a recognition, and we discussed this at the policy committee who were quite enthusiastic about this added role of being a little bit of the conduit, keeping fingers on the pulse of what's going on at the state level, and trying to raise up any issues that start to arise, as states go through their implementations, and bringing those to the floor, should they need greater policy considerations. That would be the other charge. The two are, one is about the meaningful use transactions, that transaction type level, and then two is about playing more of a role of understanding what's going on in the states and filtering, synthesizing issues that might be arising as states go through their implementations and having sort of a deeper consideration of those at the workgroup level, and then perhaps forwarding any of those to the policy committee, should we decide that they're important enough to get up to that level.

I would add just as a caveat on that that I think one of the things that will be important for us to just try to sort of retain the boundaries, as it were, is that because the HIE program in particular is a program and a formalized cooperative agreement program between ONC and each of the 56 recipients of those. What we don't want to be doing is straying into programmatic issues per se. I mean, every one of those recipients is going to have different degrees of programmatic issues with their cooperative agreement, and so I think balancing the fine line between what is genuine cost cutting policy, but is not about sort of programmatic issues that might be affecting individual cooperative agreement participants is going to be just one of the things that we'll have to manage as we move forward. But I think all of us recognize that it's important enough that we don't want to say that because there might be issues there, we don't want to address these issues at all. I think it's rather the opposite that we are just confident that we will be able to maintain that balance and try to use good judgment along the way, as we move forward.

Maybe I should stop here and see if David has anything else to add on that point, as well as, I don't know if Claudia has joined. Are you on, Claudia?

Claudia Williams - ONC

I am on.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Great. If you have any other just general points about sort of the general charge, and then anyone from the workgroup as well.

David Lansky – Pacific Business Group on Health – President & CEO

Micky, it's David, and I know Claudia has an interest in this topic too. A number of the states, including California where I'm doing most of my work, are dealing with, for example, provider directories and the definition of what kinds of entities are going to be registered in the state IE network. Some of those things are not, per se, transaction level, and nor are they sort of broad policy concerns, but they're kind of the operational definitional work that will be done at the state level, but I think it's a good category of issues we should start talking about at some point as to where it fits on what you called, I think, the fine line or the balance between programmatic activities within the contracts with ONC versus policy issues that we would want the policy committee to begin to understand and maybe speak to. To the extent that one state declares a certain set of requirements and criteria for the kinds of entities that are registered in its network, and another state uses a different set of criteria, how do we harmonize or at least communicate how those things change across state boundaries for purposes of information exchange?

I know, Claudia, you've got a topic on provider directories that's similar that we should consider as a workgroup.

Claudia Williams - ONC

I would say that what we're hearing from a lot of states is a desire to have some really strong thinking about this that's crosscutting, and I would view that as fitting very appropriately into the kind of work this group could do, even if it gets to a level of granularity that says maybe it's these data elements, and these types of participants, and here's what the authentication would look like. I think everyone is grappling with the same things, and we want to be sure that, to the extent there can be some shared thinking that can be reused by others, that's optimal.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Great. Thanks, David and Claudia. Others, before we dive into the provider directory conversation because that is one of the first proposed priority areas here, can I just ask for, among the workgroup, are there any other thoughts on sort of the two broad themes that I had laid out as the charge for the workgroup?

Gayle Harrell – Florida – Former State Legislator

I think certainly developing an overall, high level view on the state issue is absolutely critical. Having been involved with this at the state level, I know that when you're expending a lot of federal funds down into the states, there are also certain guidance's that go with that. And, as you said, we don't want to reinvent the wheel 50 different times. But we also have to remember that states have certain prerogatives, and that they will do things differently. Perhaps we need to really look at this as overall, you know, best practices that we would recommend for states to use, as they move forward, especially in the area of governance. I think that's one of the areas that, from the public perspective, has a major concern. If we can get some general guidance out there for states on how to handle governance, that will give a little peace of mind to much of our public.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Right. Thanks, Gayle. I think those are great points. The governance question is an interesting one as well because there is a NHIN governance RFI that's going to go out, so there's one element of it, which is about how do all these different state entities fit into NHIN governance, and what exactly is NHIN governance, as we think about it? So there is an RFI that's going out. A, there's potential overlap with what David's other workgroup, which is a little bit sort of on the low burner right now, but that could come back and then sort of be taking more of an active role in that conversation once the RFI is back. I don't know the answer to that, but that would be one area that we just want to make sure we understand how that works.

The other is to your point about understanding what's going on in the states. I think one question for us, as we move forward here, is how will we have sort of the listening stations, as it were, to be able to assess what's going on in the states. We had proposed at the HIT Policy Committee meeting that we also launch an advisory panel of state HIT coordinators, and the policy committee seemed pretty enthusiastic about that. However, I think one of the things that we want to be able to sort out with ONC before moving forward on that is where such an advisory panel actually ought to reside because, going back to a previous point that I have, there's a whole programmatic program with that, and there are various ways that they are getting input from the HIT coordinators along that channel. What we don't want to do is either replicate something that's already going on or have it cross wires. So I think that that's sort of an ongoing conversation about what the best way would be and would welcome any

feedback from workgroup members on either now or later on how we sort of have a regular way of taking the pulse of the states.

Connie Delaney – University of Minnesota School of Nursing – Dean

David, given Gayle's comments that we know about related to state autonomy, given your comments about our sensitivity to the other initiative, is there any more you can say about the role of this working group and actually producing recommendations in this area that push the national coordination? Because it seems, in our discussion, that we have these other entities and initiatives to be sensitive to, so can you comment on specifically the capacity of this group to deliver recommendations to HIT policy?

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Sure. I can respond first. This is Micky, not David, but, in general, we can make recommendations on anything we want as a workgroup, so I don't think that there are really any restrictions or limits on that. I don't know what your question is. Is your question about how deep we want to go into that question about coordination or where we cross the line into the sort of programmatic?

Connie Delaney – University of Minnesota School of Nursing – Dean

About crossing the lines.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Yes.

Connie Delaney – University of Minnesota School of Nursing – Dean

Yes.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

I would think issues of coordination, this is just me speaking right now, but welcome the feedback, is I would think that issues, serious issues of coordination that are having meaningful impact on the ground and are presenting barriers in and of themselves would be fair game with respect to our identifying those and coming up with proposed policy solutions that might provide some guidance to ONC on how to resolve some of those coordination issues, but welcome the opinion of any others.

M

David, as I said earlier and, I think, to Gayle's point, this is a good vehicle. A number of the people on this workgroup now, as ... populated, really have their feet on the ground in the states doing some of the work. And I think if you all can surface to the group, issues that you're facing where you think either coordination or direction from the system of policy making activity is helpful, then this group can at least identify those areas and recommend them to the policy committee or the staff or, in some areas, we may decide we want to do the work of developing those recommendations. I suspect, from the history of ONC, that will be very much welcome.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Micky, David, this is Walter Suarez with Kaiser Permanente. I have a couple comments. I guess the first one is I absolutely agree the priorities, priority areas should be on those that have been highlighted initially, certainly as an organization that participates in many number of states, at least ten of them, and are seeing the evolving process in each of those states were very interested in insuring that there's some consistency in certain areas so that we don't have to not just reinvent the wheel in 50 states, but the wheel might be quite different in each of the states, and it becomes unwilling, basically.

I think there's one place or a number of – we have a number of things that we're certainly watching for. Governance is one of them, and as much as we are able to, we're certainly participating in the different types of governance each of the states are developing to structure their HIEs, but certainly some discussion about differences in perspectives on governance will be very helpful.

I think, from the crosscutting issues across states, HIE activities, I think provided records is one and is an important priority. But I think there's a number of other functional HIE capabilities that are being developed in different states, and perhaps with different, well, going certainly in a number of directions, not necessarily different directions, but perhaps directions that are not using consistently the same kind of national standards that are evolving. So besides the provider directories, I think there is a whole area of identification, not just of entities and users, but also of individuals and consumers in each of those initiatives. Identification and authentication of users is one of the big areas of concern that we have.

Then there's a whole host of those core, central, if you will, functions of HIEs that are evolving, in some states taking the form of central repositories, in some other states taking the form of more federated record locator functionality kind of elements. So I think those core functional central, if you will, HIE capabilities are, in my mind, some of the most critical elements that this particular workgroup should be looking at to insure that there's consistency and there's cross-interoperability between these HIEs.

Then the last comment I have is about NHIN. I noticed that one of the specific charges was to make recommendations to the policy committee on guidance on the implementation of NHIN. But I didn't hear this morning yet any mentioning of that, so if you could perhaps mention that and react to, I guess, my initial set of priorities, that would be helpful. Thank you.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Sure. The last one first because I think that's the easiest, potentially, I don't know which document you're looking at. The NHIN was originally a part of our, you know, of the areas that we were supposed to focus on, but as we move forward, the privacy and security broke off for its own workgroup that's cochaired by Rachel Block and Deven McGraw, and then the NHIN broke off to its own group that's chaired by David Lansky. Both of those working groups are now sort of in a little bit of hiatus over the summer because the privacy and security tiger team has been working on privacy and security issues specifically related to directed exchange. However, my understanding is that the NHIN workgroup will, starting in the fall, probably ramp up again to take on NHIN issues, probably following the RFI responses. But let me see if David can enlighten us on that.

David Lansky – Pacific Business Group on Health – President & CEO

I can't much. I think part of it is in limbo because, over the summer, the tiger team, the privacy security tiger team is tackling some of the issues we had surfaced in the NHIN workgroup, and hopefully they will bring those to as much closure as possible now. Then this group that we're meeting with today was ... craft this agenda, so I think it will remain to be seen where the opportunity is for the NHIN workgroup to find a revised charter, if you like. I think a lot of the people on the call right now have been involved in all these groups, so should be part of that discussion, along with the staff. As you say, Micky, I think we have a month or two to sort it out as to where these things fall, but they all overlap to a considerable degree.

Claudia Williams - ONC

I know the next steps of the tiger team was going to be turn some of those same issues that were just raised of ID resolution and authentication and take a broader view than just NHIN Direct to also consider query exchange models and others. I think we will greatly benefit from the recommendations we'll be teeing up, and there might be an opportunity to take a look at them in the context of the specific state

programmatic point of view that we would bring to that. We'll be sure to coordinate closely with them, understand the timing of when they'll be bringing forward recommendations, and maybe figure out a process to hold some discussion on our end of the recommendations, as they're being formed.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Right. Thanks, Claudia. I would add that a number of us, me, Judy Faulkner, Gayle Harrell, some others are on the tiger team as well, so I think there is that overlap. And it may be that they're looking at it from a different angle, so authentication, I think, is firmly in there workgroup, so I don't know that there are necessarily issues on our side, but I'm happy to entertain the conversation. I could certainly see how identity has some aspects that may not necessarily be specifically about privacy and security per se, in which case maybe we can coordinate with the tiger team or with the privacy and security workgroup, should it extend out into the fall, to jointly do some things if that makes sense, but I think that there's lots of room for coordination there.

I think that, Walter, just to your last point about identity, in particular, patient identity, not including it on the priority list was really more just a reflection of the prioritization being given to the HIE functions as they're rolling out with respect to meaningful use stages, so the extent that the push type transactions reflected in the NHIN Direct user stories are sort of the first priority, as it relates to meaningful use and directed exchange. That's why provider and entity directories are sort of, you know, ahead on the list. It wasn't to exclude patient identity, which we recognize is a big issue as well.

Seth Foldy – Wisconsin – State Health Officer

This is Seth Foldy, another member of the committee and

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Yes. Hello, Seth. Welcome.

Seth Foldy – Wisconsin – State Health Officer

Thank you. By introduction, I'm State Health Officer in Wisconsin, but was also cofounder of the Wisconsin Health Information Exchange. A number of items that I was thinking about, again, I'm not whose lane they fall in, but I'll spit them out here and let staff and leadership sort them out. There has been a lot of discussion about the larger issue of the role of organized exchange versus point-to-point information transfer. I don't know what we call ourselves. We're bigger than NHIN, but I'll say as NHIN evolves, I think there are some policy issues that will come up, issues related to sustainability of exchanges, and the desired directionality of the program over time, so that's one big issue. And I suspect it has a home somewhere that I simply don't know about.

A couple of others just on the list, there's actually been kind of loose comments made, but as best as I could tell, very little sustained policy or technical attention to the interaction between things like NHIN and the Public Health Information Network standards and transmission practices for which there's a fairly large legacy base in public health and that has to be addressed rationally over time. If we're going to migrate, we have to know how. There has been fairly poor, I would characterize as poor guidance for the public health recipient wing of the first stage of ... there's a lack of clarity about exactly when and how public health functionality can and should come aboard, and that may just be a very modest issue of getting a little bit more attention to the issue from staff at ONC and kind of a customer representative, if you will, for public health to plug into.

I do have – some questions certainly have developed in my mind as to the interaction of NHIN as it evolves, and particularly NHIN Direct versus things like the IHE implementation profiles. I'm a little hazy where to invest our staff's tiny amount of plug in time to the greatest advantage. Those are some of the

issues that were circling in my mind, again, given partly my lack of familiarity with this workgroup's past charge and the work of other workgroups. One last thing, I'm failing to see much mention of the RFI on the Web site, and perhaps somebody could clarify about that.

Claudia Williams - ONC

Are you talking about the NHIN governance RFI?

Seth Foldy – Wisconsin – State Health Officer

That was the governance RFI? Okay. That one I'm more familiar with. Okay.

Claudia Williams - ONC

Yes, so the timing for that will be later this summer, so generally speaking, we don't sort of pre-message that on the Web site, but it will be going up on the Web site, and we certainly will be sending notes to all of our workgroup members and to the general public

Seth Foldy – Wisconsin – State Health Officer

And I sympathize a lot about the concerns about governance. I do think that NHIC, which I'm also on the board of, which unfortunately is also meeting right at this moment, is, I think, hoping to work hard on issues of national NHIN governance in the support capacity, so there will be some support there.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Great. Certainly, Seth, I think the public health issues that you've raised, you know, we've got that on the list of priority areas, and that's come through in a number of different places. Indeed, as well, you and other public health experts were welcome to the workgroup, so we would very much anticipate wanting to focus in the near term on the public health issues, both with respect to standards and alignment, as you're talking about, but this catcher's mit issue, as it were, as every state as a public health department is supposed to be the catcher's mit for a whole bunch of stuff, and there seem to be a lot of issues about what exactly that means, which I think you articulated quite well.

Are there other thoughts?

Dave Goetz – State of Tennessee – Commissioner, Dept. Finance & Admin.

I'm trying to understand a little bit more about the relationship as a conduit for state level activities. As you know, I think this is something that we've all kind of been struggling with a little bit at the state level. We've got at least two or three things that we participate in that either through the HIE coalition or through our regional, Southeastern regional effort where we're all kind of stumbling around in the dark trying to find the furniture, and so I'd be interested.

Claudia, maybe you have a better, can give a better sense of direction on this. We all have lots of meetings and lots of interactions that take up our time. I don't mean that in a negative sense. It's just, we're all busy, and we're all trying to do it with few staff, particularly in this kind of fiscal environment. How can we best rationalize all of these efforts so that in fact, I mean, I like the idea of having somebody basically define what's in a provider directory. I don't have a problem with a lot of that. I don't have to do it all myself. As I think about that, as a pretty good idea, how do we actually though align and achieve that kind of singularity, I guess, that we're really going to need if we're going to do cross-border work?

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Dave, did you mean, just to clarify, specifically as it relates to some of these priority areas or just in general?

Dave Goetz – State of Tennessee – Commissioner, Dept. Finance & Admin.

Yes. I think you've got to start with one, right?

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Yes.

Dave Goetz – State of Tennessee – Commissioner, Dept. Finance & Admin.

And if you start with the directory as kind of a test case for what we think would be the first thing that is needed to be achieved, you know, whatever model and level of exchange you're in, you've still got to have a phone book, right?

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Yes.

Dave Goetz – State of Tennessee – Commissioner, Dept. Finance & Admin.

You've still got to have the ability to find people and to know what their requirements are. If that is in fact job one, and I seem to be hearing, so maybe I have jumped to a conclusion that that's in fact the first place that we're being asked to head is how are we then going to make sure that we aren't duplicative of other efforts and, in fact, engage other efforts to get the staff time focused where the people who are out there on the ground in the states. If we're a conduit for them, it needs to be an aid to them, not another way that they get any sense of confusion. Does that make sense?

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Yes. Absolutely.

Dave Goetz – State of Tennessee – Commissioner, Dept. Finance & Admin.

How are we going to do that?

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Yes. My initial thought on that particular one and, again, welcome any advice and guidance—that's why we wanted to have this call—is that on that particular one, for those who were either a part of or tracked the NHIN workgroup that David Lansky chaired, there was a half day at least, I think, set of hearings. I think it was last summer on provider directories. It was very early in everyone's thinking before even NHIN Direct, I think, had been sort of articulated, and before, I think, any of the cooperative agreement activity had started with respect to the HIE programs. There's something to start with in terms of there being, you know, sort of a corpus of testimony and ideas from that workgroup, I think. But now we're at a much further sort of place in our thinking, and I think a lot of real problems are presenting themselves to people as they're thinking harder about it and they actually have to implement stuff. So there's a place to start.

But I think, in moving forward, it seems to me that being able to have some type of fact gathering around this with respect to what are different states experiencing, and what are the leading initiatives or some of the initiatives who are trying to get their arms around this, even at a regional level, so there's the Southeast activity that, Dave, I know you're a part of. There's also a New England or Northeast activity that is also thinking about their first regional project being a multi-state approach to provider directories. There are at least two places I know that are thinking about this in a cross-state way and may have some both advice and guidance for us, as well as some questions about things that they've uncovered.

The other place I think would be to have some, so that could be in the way of more staff type fact gathering, but perhaps the opportunity would present itself to sometime in September, I would think, just

with schedules, to have some type of half-day open workgroup session where we invite various experts and initiatives to talk both about the problems that they're encountering, as well as get people to talk about potential solutions. And, in particular, one that I think we might want to think hard about is what's going on with the NLR because that's, as many of you know, a very significant activity that has the potential for being a foundation for some of the stuff or at least connect it in some way. But, to my understanding, there is no sort of formalization of thinking around the NLR being used as potentially a basis for a nationwide provider directory.

Dave Goetz – State of Tennessee – Commissioner, Dept. Finance & Admin.

Is it a platform, or is it a data source? I think that's kind of one question you've got to deal with there.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Right.

Dave Goetz – State of Tennessee – Commissioner, Dept. Finance & Admin.

But I guess we're all now at a point where we're having to move so quickly that I know we've talked about privacy and security being a tiger team in the sense that I think to reflect the urgency of getting those things defined, I would suggest in several areas we need that kind of approach.

David Lansky – Pacific Business Group on Health – President & CEO

I guess I want to add to this. I think Dave's point is well taken, and one of the challenges we have with our own jurisdiction as a committee, as a workgroup, is to think about there are many layers to these problems of the provider directory, some of which might be tackled very locally, some on a regional basis, you said, some at a national level. I think we have essentially a policy jurisdiction, which we could enumerate both the challenges that the people are encountering already and the requirements, I guess I'd say, that we understand there to be for inter-provider or inter-regional or national uniformity, both technical and policy uniform.

If we could just sort of make a list of all those features and requirements and then identify which of those features and requirements lend themselves to a nationally uniform perspective, whether it's guidance, regulations, shared best practices, and then just take on that subset of issues that we think are distinctively national in scope, that would help us to sort of scope our work a little bit because I do see that – I don't know where the line will be on some of those because it's easy to quickly need to address very technical issues, which are expressions of policy goals. And I know we're going to see that quickly in these directories. But I think the task maybe in the next month or so is to at least do the triaging of which elements of the problem lend themselves to our discussion and which we should delegate or leave to other appropriate levels or technical processes to work out.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Right.

David Lansky – Pacific Business Group on Health – President & CEO

And I say this partly in the context of this idea of having a hearing. The hearing we had about a year ago, as you said, was very high level and really was a what's out there kind of a hearing. What other directories exist at the highest level of concept, and would they lend themselves to some kind of federation or aggregation for the purposes of the IT strategy? Now we're at a much more pragmatic level of decision-making, as Dave said. So we need to figure out where is the sweet spot for us that doesn't repeat kind of a high conceptual hearing process, but gets us to something more useful for people on the ground.

Dave Goetz – State of Tennessee – Commissioner, Dept. Finance & Admin.

If I might, I think what that requires is some staff work. Easy for me to say, but which kind of raises one question as to when these have been driven down to a finite more concrete level, how has the staff? What kind of staff supports do we have, I guess, would probably be the question.

Claudia Williams - ONC

I can speak to that. I guess there are sort of two layers to staff. There's ONC, and I think where workgroups have been most successful is, A, where a clearer definition of problem has existed, both at the ONC level and at the workgroup level. And, B, where we've been able to provide real staff support to help thread issues and develop foundations and so forth. On the ... chose a member of our policy team, and he'll be staffing this group ongoing, and I'll also be working closely with it, so hopefully between the two of us, we can supply the kind of thinking and kind of offline work that'll help you move along rapidly and successfully.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

I wonder if one way for us to accelerate this of sort of understanding what's going on out there right now with an eye toward coming up with being able to do sort of a triage or prioritization of issues, and then trying to figure out which are the ones that we might be able to do something about in the near term to provide as much assistance as possible to those who are faced with having to make some real decisions here over the next couple of months is get a couple of few small groups together of volunteer experts or very interested parties around at least the three top ones, if not the four. But the provider directories one is a very active area, I know, and a number of people have already spoken about it. Public health strikes me as being another one, and we have a number of public health experts on the call.

Then the last one that we haven't talked that much about, but would welcome conversation on, is the Medicaid. In particular, the coordination issues across all, and not to exclude public health, but we were just talking about public health. But the Medicaid issues themselves, it seems that there is something there about coordination that I don't really know how to address it more specifically than that, but perhaps a small group in thinking through that could come up with sort of a list and some sense of prioritization of those issues. What do people think about that?

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Just on the Medicaid issue, there's an initiative that the agency for healthcare research and quality have been working on for at least a year and a half already on developing technical assistance to Medicaid agencies and HIE and health IT adoption, so I'm trying to understand perhaps a little better what the focus would be of the Medicaid issues part. Is it Medicaid participation in HIEs? Is it issues around health IT related to Medicaid? What would you see the Medicaid issues be that we would be dealing with?

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

I guess, as I said, first off, I'm not the most expert in the details of the issues, but I would say that, at a high level, what seems to be going on right now is that there are two significant areas where Medicaid has very, very deep intersections with the ONC program and with public health. One is just about meaningful use itself and defining, now that the final rule is out and each state defining what the Medicaid meaningful use requirements are going to be, how they're going to do certification, you know, all of that stuff.

The second is the investments that they're making through the various programs that are funded for both to support the 90/10 matching programs, as well as the Medicaid infrastructure programs. And in thinking through there, there are sort of two major planning efforts that are going on in each state. You've got 50

of these going on in parallel in each state with the IAPD, PAPD, and I think the SMPH or whatever that's called. I don't if Jessica Kahn is on the phone, but there's that process that's going on. And I believe there's the next version or the final plans are due in the fall some time.

In parallel, you've got a large number of states, not every state, but a large number of states trying to finalize their HIE plans for at least an August submission, but then I think the expectation is there'll be some overhand with refinement of plans and what have you over the coming months after that. Those two things are sort of colliding, but in one way they're colliding, but in one way they're colliding in that they cover a lot of the same ground. In another way, they're not colliding because, in many places, it's very hard to align them and to figure out how to align them. And it's my understanding and at least my own personal experience with some of these is that it's been left up to each state to figure out how to do that. In some states, it's happening, but in other states, it's really not happening.

Seth Foldy – Wisconsin – State Health Officer

Of course, the third process going on is the Medicaid information technology architecture investments that are being made by Medicaid offices that should also be harmonized. I think there's a lot of fertile material there. I would add that there's a fourth issue for CMS, and maybe it's best not to wrap it up with Medicaid, but that is the issue of Medicare data, Medicare as a data provider to health information exchanges. We know that a lot of our patients of greatest interest have most of their information locked up in Medicare systems, so that's kind of a different policy issue that certainly touches information exchange needs.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Right. I think that's a great one to put on the list for consideration at some point, where would we decide to put that. Can I just ask? David, please weigh in here if you have a different view. Maybe it makes sense to get some small group sort of formation to try to tee up, and we can provide some structure for this to try to tee up what do we think is that list of issues, as David was describing, that at least we can have something that we can start to work with and begin the triage, at a minimum, I would think, in the area of provider directories and public health? I would think that Medicaid probably falls in that category, but I'm not sure that I'm hearing a view that that makes as much sense.

Gayle Harrell – Florida – Former State Legislator

Micky, this is Gayle. ... governance on this? Are you going to not discuss this at this point and kind of put it in the parking lot?

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Excuse me?

Gayle Harrell – Florida – Former State Legislator

Or ... at all?

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Which one, Gayle? I'm sorry.

Gayle Harrell – Florida – Former State Legislator

Governance. We had discussed earlier the role, you know, perhaps some high level recommendations on governance.

Claudia Williams - ONC

I wonder, with the RFI coming out and the NHIN group potentially considering that, whether that might be. I'm just trying to think about ways to triage issues across different groups. Maybe David and Micky, you can think about whether this group should be doing something or kind of relying thoughts to that group. I don't know what the best solution is.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Right. That was my thought as well, Claudia. But, Gayle, did you have another thought in mind about doing something in advance of that? It seems that that would be a very important input to a conversation about governance.

Gayle Harrell – Florida – Former State Legislator

I think that it's certainly something that we need to absolutely look at because if you're talking NHIN, then most people are talking directed exchange. It's a very different animal when you get to ... and the governance issues are even more perplexing and need to be looked at. So I don't know if you want to wait for that to come, you know, for that paper or the RFI to come through, whatever, and get some information first. But I think this group needs to address governance.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Yes. I certainly don't disagree with that. I think it's more just a question of timing. I don't know if we could get sort of some thoughtful discussion in time to inform the RFI because, my understanding is, that's underway in terms of preparation and review. But I don't know that for sure. Maybe Claudia can provide some guidance there, in which case it just may be that it makes sense to wait to get the RFI responses back. What do other members of the workgroup and David feel?

David Lansky – Pacific Business Group on Health – President & CEO

Again, I'm a little confused by our name as part of the policy committee and its role related to governance. I thought I heard many of the remarks being around assisting states with establishing good governance, but it seems to me that there's actually a great deal of work being done there through the state alliance and through NEHIC, so I'm not sure. Maybe I'm missing it, but I don't know if we need to develop policy in the area of governance.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Yes. It sounds to me that we're talking about two different types of governance perhaps, or two areas of governance. One is governance around the state level HIEs, which Seth has said there's a lot of work being done or has been done. And then the other one is about NHIN, which is really the RFI focus in my understanding of how do we set up an NHIN governance that allows for an expanded participation and all this.

My personal view is that I think the RFI needs to provide the opportunity for input that this particular group could then take, along with probably others, because I'm sure NEHIC will be taking on some functions around that. But the first step, I think, is for that particular part of governance of the NHIN would be the RFI, in my view. And the extent to which, I mean, it's already final end of July, and it's supposed to come out sometime in mid August or something, the RFI, or the end of August, whatever, but I think that pre-planned process of the RFI is pretty much underway, and it's almost done. And so my sense is that we would have a better role if we take some responsibility for some of the post-RFI review and discussion and feedback.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Right.

David Lansky – Pacific Business Group on Health – President & CEO

Gayle, are we missing something here or does that sound right to you?

Gayle Harrell – Florida – Former State Legislator

I'm willing to wait and see what comes out from the RFI, but I think this group needs to have at least ... you know, perhaps following that. There are other things that need to be teed up right now. But at some point, I think ... we certainly don't have the power to or ONC doesn't have the power to mandate to states, which I absolutely agree with. However, we're spending a lot of money helping to set up state HIEs. There's over \$500 million going out to states right now, and we want to make sure that we have some guidance going out to them to assist in how states look at things.

If you want to really develop public confidence in an HIE and across state lines, you're going to have to have some consistency and assuring that there is proper governance in place. So both at the state level down to the local level and then across at the national level as well. So I'm willing to wait, but I think at some point we need to have that conversation.

David Lansky – Pacific Business Group on Health – President & CEO

That makes sense. What do we expect as minimum standards for state HIE governance?

Gayle Harrell – Florida – Former State Legislator

Yes. What are kind of minimal standards, such things in place so that I know when my records get shipped off, I'm in Florida, and they get shipped off to New York or California, or wherever, that we have some assurances that that's going to be handled appropriately.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Right. I think that makes sense, and it may be that the place to do another check in on this, Gayle, is when the RFI issued that we can then have a chance to take a look at that, and that might inform us about whether the responses that we might anticipate will come back to that are going to be adequate to help us answer the questions that we think are important, as you've just articulated. Or at that point we may say, you know what? The RFI is actually not going to cover a whole bunch of the things that we think are important, so we need to accelerate the process of gathering information on our own.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Perhaps one of the suggestions right away to ONC would be to consider including in the RFI some questions about exactly what Gayle is pointing to, which is what would people expect to see as a minimum standard for state level and local level HIE governance, in addition to NHIN and national governance. But if that kind of feedback can be provided to ONC right away so they can incorporate that into the RFI, that kind of question, line of questions, I think it will be very helpful.

Seth Foldy – Wisconsin – State Health Officer

I know I have to let others talk because we're running out of time, but rather than have public health set up as its own group, there's always, you know, that would give it prominence, right? But I would really love to make sure that public health could plug into the provider directories issue full bore with all the considerations that need to be considered like how do we leverage the incredible directories that come from immunization registries? How do we meet the requirements of the partner communication and alerting systems of the nation? And maybe leverage those. And how do we avoid creating standards for directories that end up causing public health to rip and replace things that they otherwise needn't?

I know there are always two sides to this coin, but I would love to make sure we have strong public health input on every issue we address, and I think that public health discussion right now is going to be largely

focused on how do we get to meaningful use state one, and what do we want in meaningful use stage two? I'm not sure that this committee necessarily has to focus too much on those since other committees may. Does that make sense?

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Yes. Absolutely. That's actually a great tee up to where I was going to try to go to try to – you know, because I want to try to end the call and get everyone to next steps. What I would suggest actually is that we have really just volunteers who are willing to spend a little bit of time offline on the provider directory issue and the public health issue really, as David was describing before, to get the list of questions, to get the list of issues or questions on each of those where we don't have the whole workgroup trying to do that, but try to get volunteers who are willing to spend a little bit of time putting together those for the workgroup itself than as a workgroup to start that.

To the extent that it's volunteer, we welcome people who are interested in both, to join both, and we're not trying to silo this at all. But if we're able to do that, I would think, you know, we haven't yet set the schedule for the next meeting, but we can talk offline about that and perhaps regroup sometime in mid August, perhaps. I know there are vacations and all that that we'll have to sort through. But in the mean time, at least have two volunteer groups giving some thought to what those issues might be so that we can address those as a workgroup. That might be a very concrete next step for us.

Judy Faulkner – Epic Systems – Founder

Micky, this is Judy. Can I add one more thing to the list?

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Sure.

Judy Faulkner – Epic Systems – Founder

For those who do direct exchange, what is needed so that direct exchange between different vendors is just as simple as direct exchange for one vendor to do to itself?

M

Yes. I think Judy raises a really important future issue. The meta providers out there of data and how they work.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

I just want to bring back one of the issues that I brought up, which I don't think will go away, and that is the individual identification part, the patient identification. I think without addressing that, we could have a really excellent provider directory and know who each of the providers are or who is the provider who is trying to access the data. But without really finding the mechanisms and understanding both the technology and standards to identify the subjects of the information, I think we're going to always continue to be in the challenge of record matching and risking errors, so if that can be added to the list, I think that will be helpful.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Yes. I think I've certainly got it as being on the list. I think it's a question of how we prioritize ... this, but absolutely. I got Judy's as well, and is that just last question, Judy, is that – how do you see that as different than what the NHIN Direct workgroup is going with respect to a set of standards and an implementation guide?

Judy Faulkner – Epic Systems – Founder

Yes. It may. I just want to assure that it is.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Okay. Why don't I propose then that we will send out a separate e-mail asking for volunteers to focus on these two first areas: public health and provider directories. It's volunteer, so anyone who is willing to give a little extra time to it, we'd much appreciate it, and then with an eye toward having another meeting sometime in mid August so that we can regroup, consider that list and see what we think about it as being sort of the next action steps on them with an eye toward having as much of a tiger team kind of focus, to David's point, as we can to try to resolve issues that might within sort of our grasp and that could help organizations and states that are trying to move forward on this. Does that make sense, David, to you, and to others?

David Lansky – Pacific Business Group on Health – President & CEO

Yes. I think so.

Seth Foldy – Wisconsin – State Health Officer

Could I ask that we solicit questions electronically before we meet and maybe have them sorted out a little before the meeting?

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Yes, absolutely.

M

Micky, I'm sorry. I'm on a cell phone. I'll go back on mute as quick as I can, but if there is a report from the original meeting of the policy committee on provider directories of any kind, summary information

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Yes. I think, and maybe Cory can help us with that. We'll try to synthesize what was there, and certainly the raw materials are there, but I think some synthesis of that would probably be very helpful. Okay. I know we're running out of time. Judy, I think we should probably turn it back to you for the public comment.

Judy Sparrow – Office of the National Coordinator – Executive Director

Great. Also, I'll send out an e-mail requesting volunteers. I'll do that with the whole group.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Great. Thank you.

Judy Sparrow – Office of the National Coordinator – Executive Director

Operator, could you please see if there's any public comment, please?

Operator

We don't have any comments at this time.

Judy Sparrow – Office of the National Coordinator – Executive Director

Great. Thank you.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Terrific. Can everyone hear me?

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Great. I think I heard that there were no comments. Is that right, Judy?

Judy Sparrow – Office of the National Coordinator – Executive Director

That's correct. We're free to go.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

Great. Thank you very much, everyone, and we'll be in touch shortly.

Judy Sparrow – Office of the National Coordinator – Executive Director

Great. Thank you.

David Lansky – Pacific Business Group on Health – President & CEO

Thanks, everybody.